

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021895

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 36

VS 300  
Rev. 4/59

1 0080  
2 0080  
3 2  
4 0  
5 1  
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7 0  
8 2  
9 260X  
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11  
12 90-2  
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BENTON</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warsaw</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CROWN HOME</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Benton</b> c. CITY OR TOWN <b>Warsaw</b> d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOHNNIE TOLLIVER</b>		4. DATE OF DEATH Month Day Year <b>June 24 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 28 1910</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trucking</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Truck owner</b>	11. BIRTHPLACE (City and state or country) <b>Edwards, Mo</b>
13a. FATHER'S NAME <b>James William Tolliver</b>		13b. MOTHER'S MAIDEN NAME <b>Maudie Jane Brown</b>	14. NAME OF HUSBAND OR WIFE <b>Evelyn Tolliver</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT Address <b>Evelyn Tolliver Warsaw</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CIRCULATORY FAILURE</b> DUE TO (b) <b>ACUTE CORONARY THROMBOSIS</b> DUE TO (c) <b>DIABETES MELLITUS</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <b>10 MIN.</b> <b>10 MIN.</b> <b>10 YRS</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>MARCH, 1, 1957</b> to <b>JUNE, 24, 1962</b> and last saw him alive on <b>JUNE, 24, 1962</b> Death occurred at <b>10:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree title) <b>Emmett L. Do</b>		22b. ADDRESS <b>WARSAW, MO.</b>	22c. DATE SIGNED <b>6-25-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 27, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Trukey Creek Chapel</b>	23d. LOCATION (City, town, or county) (State) <b>Warsaw Benton Co. Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>John F. Reser Warsaw</b>		25. DATE RECD. BY LOCAL REG. <b>June 26-1962</b>	26. REGISTRAR'S SIGNATURE <b>Jas. A. Logan</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

APR 23 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John F. Reser*

Licensed Embalmer No.

*4098*

P. O. Address

*Warsaw*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.